LAKEVIEW HEALTH CENTER-FDD 902 EAST GARLAND STREET

WE	ST SALEM	54669		Phone: (608) 786-1400			Ownership:				County
Op	erated from	1/1	To 12/31	Days	of Operation:	365		Highest I	evel Licen	se:	FDDs
Op	erate in Con	juncti	on with H	Hospita.	1?	No		Operate i	n Conjunct	ion with CBRF?	No
Nυ	mber of Beds	Set U	p and Sta	ffed	(12/31/03):	44		Title 18	(Medicare)	Certified?	No
ТС	tal Licensed	Bed C	apacity (	(12/31/	03):	44		Title 19	(Medicaid)	Certified?	Yes
Νυ	mber of Resi	dents	on 12/31/	03:		43		Average D	aily Censu	s:	43

Services Provided to Non-Residents		Age, Gender, and Primary Di	12/31/03)	Length of Stay (12/31/03) %						
Home Health Care	No	. 4 3			<b>%</b>		4.7			
Supp. Home Care-Personal Care	No					1 - 4 Years	18.6			
Supp. Home Care-Household Services No		Developmental Disabilities 90.7		Under 65	72.1	More Than 4 Years	72.1			
Day Services No		Mental Illness (Org./Psy)	0.0	65 - 74	14.0					
Respite Care No		Mental Illness (Other)	2.3	75 - 84	9.3		95.3			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	4.7	* * * * * * * * * * * * * * * * * * *	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent				
Congregate Meals Yes		Cancer	0.0			·   Nursing Staff per 100 Resid				
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)				
Other Meals	No	Cardiovascular	0.0	65 & Over	27.9					
Transportation	No	Cerebrovascular	0.0			RNs	9.0			
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	6.2			
Other Services	No	Respiratory 0.				Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	7.0	Male	51.2	Aides, & Orderlies	55.7			
Mentally Ill	No			Female	48.8					
Provide Day Programming for			100.0							
Developmentally Disabled Yes					100.0					
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay			amily Care			anaged Care	l 		
Level of Care	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				43	100.0	180	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	43	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		43	100.0		0	0.0		0	0.0		0	0.0		0	0.0		43	100.0

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LAKEVIEW HEALTH CENTER-FDD

*******	*****	******	*****	****	*****	*****	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of	12/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		58.1	41.9	43
Other Nursing Homes	0.0	Dressing	27.9		30.2	41.9	43
Acute Care Hospitals	28.6	Transferring	51.2		32.6	16.3	43
Psych. HospMR/DD Facilities	42.9		37.2		30.2	32.6	43
Rehabilitation Hospitals	0.0		48.8		30.2	20.9	43
Other Locations		*******	******	*****	*****	******	*****
Total Number of Admissions	7	Continence		용	Special Trea	tments	8
Percent Discharges To:		Indwelling Or Extern		2.3	_	Respiratory Care	4.7
Private Home/No Home Health	0.0			83.7	_	Tracheostomy Care	0.0
Private Home/With Home Health	0.0		t of Bowel	74.4	Receiving		0.0
Other Nursing Homes	12.5	•			_	Ostomy Care	2.3
Acute Care Hospitals	12.5				_	Tube Feeding	7.0
Psych. HospMR/DD Facilities	12.5	Physically Restraine	d	20.9	Receiving D	Mechanically Altered D	lets 60.5
Rehabilitation Hospitals	0.0						
Other Locations	50.0	•			Other Reside:	nt Characteristics	
Deaths	12.5			4.7		ce Directives	100.0
Total Number of Discharges		With Rashes		4.7	Medications		
(Including Deaths)	8	I			Receiving	Psychoactive Drugs	34.9

	This Facility		FDD cilities	All Facilties		
	%	8	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91 <b>.</b> 2	89.6	1.02	87.4	1.04	
Current Residents from In-County	41.9	33.5	1.25	76.7	0.55	
Admissions from In-County, Still Residing	14.3	11.3	1.26	19.6	0.73	
Admissions/Average Daily Census	16.3	21.3	0.77	141.3	0.12	
Discharges/Average Daily Census	18.6	25.0	0.74	142.5	0.13	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	27.9	15.3	1.82	87.8	0.32	
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	90.7	99.4	0.91	6.5	13.97	
Mentally Ill Residents	2.3	0.3	8.46	33.6	0.07	
General Medical Service Residents	7.0	0.3	21.76	20.6	0.34	
Impaired ADL (Mean) *	49.8	53.1	0.94	49.4	1.01	
Psychological Problems	34.9	50.1	0.70	57.4	0.61	
Nursing Care Required (Mean) *	10.5	11.0	0.95	7.3	1.43	